## Electronic Filing System (EFS) Data Electronic Patent Application Submission USPTO Use Only

EFS ID:

61163

Application ID:

10709613

Title of Invention:

SCALING MR SPECTROSCOPIC

**METHOD AND SYSTEM OF** 

DATA ACQUIRED WITH PHASED-

**ARRAY COILS** 

First Named Inventor:

Timo Schirmer

Domestic/Foreign Application:

**Domestic Application** 

Filing Date:

2004-05-18

Effective Receipt Date:

2004-05-18

Submission Type:

**Utility Patent Filing** 

Filing Type:

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Confirmation number:

3612

**Attorney Docket Number:** 

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Total Fees Authorized:

770.0

Payment Category:

**Deposit Account** 

**Deposit Account Number:** 

70845

**Deposit Account Name:** 

Timothy J. Ziolkowski

RAM Payment Status:

RAM has not been processed

Digital Certificate Holder: cn=John Mark Wilkinson,ou=Registered Attorneys,ou=Patent and

Trademark Office,ou=Department of Commerce,o=U.S. Government,c=US Certificate Message Digest: 9dce97b27daf0eecac2bfe318b1296e2e99d2aa8

<b>PATENT</b>	APPLICATION	SERIAL	NO.	
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U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE FEE RECORD SHEET

05/19/2004 GWORDOF1 00000030 070845 107

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770.00 DA

PTO-1556 (5/87)

## Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 CLAIMS AS FILED - PART I SMALL ENTITY ~ OTHER THAN (Column 1) (Column 2) TYPE SMALL ENTITY TOTAL CLAIMS RATE FEE RATE FEE **FOR** NUMBER FILED OR BASIC FEE **NUMBER EXTRA** BASIC FEE 385.00 770.00 TOTAL CHARGEABLE CLAIMS minus 20= XS 9= X\$18= OR INDEPENDENT CLAIMS minus 3 = X43 =X86= OR MULTIPLE DEPENDENT CLAIM PRESENT +145=+290= OR \* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL **CLAIMS AS AMENDED - PART II** OTHER THAN (Column 1) SMALL ENTITY (Column 2) **SMALL ENTITY** (Column 3) OR CLAIMS HIGHEST **AMENDMENT A** ADDI-ADDI-REMAINING NUMBER **PRESENT AFTER** TIONAL **PREVIOUSLY** RATE RATE TIONAL **EXTRA AMENDMENT** PAID FOR FEE FEE Total Minus \*\* X\$ 9= X\$18= OR Independent Minus \*\*\* X43 =X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145 =+290= OR TOTAL TOTAL ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST $\mathbf{\omega}$ ADDI-ADDI-REMAINING NUMBER **PRESENT** AMENDMENT **AFTER** RATE TIONAL **PREVIOUSLY** TIONAL RATE **EXTRA AMENDMENT** PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus \*\*\* X43= X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= +290= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST C ADDI-REMAINING ADDI-NUMBER **PRESENT** AMENDMENT AFTER **PREVIOUSLY** RATE TIONAL **EXTRA** RATE TIONAL **AMENDMENT** PAID FOR FEE FEE Total Minus = X\$ 9= X\$18= OR Independent Minus \*\*\* X43 =X86= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR +145= +290= OR \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter \*3.\*

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

OR

ADDIT. FEE

TOTAL

ADDIT. FEE